

Utah CTE Skill Certification
UTAH ENDORSED CLINICAL DENTAL ASSISTANT
Skill Certification Application Form
(Summary Score Sheet)

For Students Who Have Successfully Achieved Benchmarks 1-4

Instructor: _____

Date: _____

School: _____

District: _____

Mailing Address: _____

| Student Name (PRINT) | Birthdate | Adult Student "X" | High School Student "X" | Benchmark 1 | | Benchmark 2 | | Benchmark 3 | | Benchmark 4 Beginning 06-07 | | Bench- mark Avg Score (%) | DA Endor- sement "X" |
|----------------------|-----------|----------------------|----------------------------|-----------------------|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|---------------------------------------|-------------------------------|
| | | | | Written Score % | Perform- ance Met? | Written Score % | Perform- ance Met? | Written Score % | Perform- ance Met? | Clinical Score % | Perform- ance Met? | | |
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Instructor Signature

USOE Program Specialist Signature

Both the Instructor and CTE Testing Coordinator must keep this document on file for two years. Additionally, the Instructor must keep the student's Performance Evaluation Score Sheet on file for two years.